



Property / Liability Incident Report

Fax Completed Report to: Mosinee Insurance Agency at (715) 693-2538

Policy Holder: _____

Policy Number: _____

Date of Incident: _____ Time _____ AM / PM

Location of Incident: _____

Description of Incident

Type of Damage: _____

Property or Damage Estimate: _____

Detailed description, be specific (who, what, where, how)

Attach additional sheets as needed and police/witness statements, if available

Was it necessary to call for medical or law enforcement help? yes no

Illness or injury? yes no

Who was called?

If yes, describe _____

Injured person _____ Age _____

Address _____ Phone _____

Witness Name _____ Phone _____

Address _____

Additional Information

Completed by: _____ Date: _____